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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1202  
Registrar's No. 359

Registration District No. 197

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5700 ASKEW AVENUE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5700 ASKEW AVENUE 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MR. JOHN WILLIAM LIVELY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. UNKNOWN LIVELY 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased DECEMBER 12 1862 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.

9. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

12. Name WILLIAM H. LIVELY 1

13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

14. Maiden name FANNIE EYANS

15. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant George T. Pugh (b) Address 1401-Brush Creek Blvd.

17. (a) BUREAU OF BURIAL (b) Date thereof JAN-26-1947 (Month) (Day) (Year)

(c) Place: burial or cremation 1401-Brush Creek Blvd. MISSOURI

18. (a) Signature of funeral director D. H. Heisler's Son (b) Address 1401-Brush Creek Blvd.

19. (a) 1-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21 57 year 1947 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from I. ---, 19---, to ---, 19---; that I last saw h. --- alive on ---, 19---; and that death occurred on the date and hour stated above.

Immediate cause of death. deputy coroner Cardiac tamponade thrombus cordium acute myocardial infarction

Due to acute Other conditions (include pregnancy within 3 months of death) 93 d

Major findings: Of operations

Of autopsy see above

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
- (b) Date of occurrence
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature A. E. Wecker (M. D. or other) MD Address 2800 main Date signed 1/24/47

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Melvin Miller*.....

Licensed Embalmer No. *4407*.....

P. O. Address *Kansas City, Mo.*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**